



ASSURANCE OF CONFIDENTIALITY

I, _____, understand

- ❖ that all information I am exposed to regarding clients, participants, family members of participants or clients, customers and/or employees or volunteers of the Tacoma Pierce County Health Department its partners/collaborators may be governed or protected by federal, state and/or local regulations and, where privileged, is to be held in strictest confidence;
- ❖ no privileged information will be discussed with family, friends, or any other unauthorized person;
- ❖ I may release only information that is duly authorized for release and for which I having training and authorization to release;
- ❖ unauthorized disclosure is cause for disciplinary action, up to and including termination, as well as possible criminal or civil sanctions;

Further, I hereby agree to

- ❖ release only that information that is duly authorized for release
- ❖ resist any effort or request for information that is protected by relevant federal, state, and/or local regulations
- ❖ not divulge, publish, or otherwise make known to unauthorized persons or the public any confidential information obtained in the course of my employment or participation with department activities;

institute or comply with appropriate procedure for safeguarding such information and will hold discussions only in places, which assure privacy, and only on a need to know basis.

EMPLOYEE/VOLUNTEER SIGNATURE

Date

TPCHD SIGNATURE

Date



CONFIDENTIALITY GUIDELINES

FAMILY BASED SERVICES PROGRAM

TITLE: Protection of Confidential Information

References: WAC 246-100-016, WAC 246-100-091, RCW 9A.20.021, RCW 42.52.050, RCW 70.24.080, RCW 70.24.084, and RCW 70.24.105. This document is used in coordination with the Tacoma-Pierce County Health Department policy.

Effective Date: March 1, 2000

Approved by : Allison Kemmer

Programs within the Tacoma-Pierce County Department vary. The established policies concerning confidentiality are of a general nature and cannot address every situation or question, which may arise in specific programs. Therefore, this document has been developed to address the highly sensitive area of medical record information. The following procedures and guidelines have been developed in coordination with the established department policy.

DEFINITIONS

1. *Confidential information*: Any information that can directly or indirectly lead to the identification of a specific individual.
2. *Medical Record*: Any documentation which contains client/patient linked health status information (i.e. test results, diagnosis, treatment case notes, etc).
3. *Security*: Measures taken to prevent access to confidential information by individuals who do not have a legitimate or designated need to know.

ALL FAMILY BASED SERVICES STAFF

1. Shall sign the Human Resources confidentiality statement when hired. Staff shall also sign the Family Based Services specific confidentiality statement. These statements remain effective throughout the course of employment.
2. Shall not share combination or computer passwords with any other person who does not have a legitimate or designated need to know.

3. Shall not share medical record information with any other person who does not have a legitimate or designated need to know.
Shall discuss confidentiality concerns with the supervisor or program manager immediately.
5. Shall ensure access to documentation containing confidential information is limited to persons who have a legitimate or designated need to know.
6. Shall ensure that all confidential data is stored in a secured area that provides controlled access to the information.
7. Shall ensure databases containing confidential information are password protected and logged off when not in use.
8. Shall ensure passwords, to access databases containing confidential information, are changed frequently.
9. Shall ensure all visitors report to the information desk when they arrive. It is the employee's responsibility to escort and remain with the person for the duration of their visit to ensure confidentiality is maintained.
10. Shall not discuss, outside immediate work area, confidential information obtained as a result of overhearing a conversation.
11. Shall ensure confidential information is not left unattended on desktop, at any time, and is secured in a locked desk/cabinet at the end of the business day.

SUPERVISORS

1. Supervisor shall ensure each employee working with confidential information is provided access to a locking desk and/or file cabinet.
2. Supervisor shall maintain a list of all persons authorized to have access to locked confidential information.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE